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The Medicare Billing Information For Rural Providers And Suppliers which provides rural information pertaining to rural health facility types, coverage and payment policies, and rural provisions under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the Deficit Reduction Act of 2005 is now available in downloadable format at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralChart.pdf> on the CMS website.

MLN Matters Number: MM5377

Related Change Request (CR) #: 5377

Related CR Release Date: November 24, 2006

Effective Date: April 1, 2007

Related CR Transmittal #: R1117CP

Implementation Date: April 2, 2007

Reporting of Type of Bill (TOB) 12X for Billing of Diagnostic Mammographies

Note: This article was updated on June 15, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Hospitals that bill Medicare Administrative Contractors (A/B MACs) or Fiscal Intermediaries (FIs) for diagnostic mammography services provided to hospital inpatients under Medicare Part B.

Provider Action Needed

A previous instruction, CR5050, from the Centers for Medicare & Medicaid Services (CMS), erroneously removed TOB 12X as an applicable TOB for diagnostic mammography services supplied to Medicare inpatients and billable under Medicare Part B. CR5377 announces that, effective April 1, 2007, TOB 12X is acceptable by FIs and A/B MACS as an appropriate bill type for such services. Be sure your billing staff is aware.

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Background

Effective April 1, 2007, hospitals should use TOB12X to bill Medicare FIs and/or A/B MACs for diagnostic mammography services provided to hospital inpatients, where those services are being billed to Medicare Part B. As appropriate, hospitals should continue to use TOBs 13X, 22X, 23X, or 85X when billing for diagnostic mammographies provided to Medicare patients who are other than hospital inpatients.

Additional Information

To view the official instruction, CR5377, issued to your FI or A/B MAC, visit <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1117CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot! The peak of flu season typically occurs between late December and March; however, flu season can last until May. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website.

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